

NEW JERSEY HEALTH STATISTICS 1995

PREFACE

This report presents selected New Jersey vital and health statistics for the calendar year 1995. The report includes statistics on natality, mortality, marriages, divorces and morbidity. In addition, population estimates for the State and each county, distributed by age, race and sex, as well as estimates of the State's Hispanic population distributed by age, race and sex are presented. Except where noted, data on births, deaths, and fetal deaths include all reported resident events of these types, regardless of the state of occurrence. Transfer among the states of information on resident births, deaths and fetal deaths is affected through participation in the national Vital Statistics Cooperative Program. Marriage and divorce data encompass all of these events occurring in New Jersey, but do not include marriages and divorces of New Jersey residents that occurred outside the state. Data definitions and limitations are discussed in the Technical Notes Section of the report.

Data tables in this report are presented in the most frequently requested formats. Where feasible, the data are distributed by demographic variables, such as age, race, and sex and by county of residence.

The accuracy of the data contained in this report depends on the completeness and validity of the information recorded on the various vital records. Statistics on births, deaths, fetal deaths and marriages summarize the contents of the respective data files as of the time of preparation of the various chapters. Additions, deletions and corrections made after that date are not reflected in the report.

Population estimates included in this report were prepared by the U.S. Bureau of the Census and were provided to the Center for Health Statistics by the New Jersey State Department of Labor. An explanation of the methodology used to develop the estimates is contained in the population chapter of the report.

The Center for Health Statistics (CHS) staff is available to answer questions regarding the content and use of the data in this report. Data portions of this report, as well as other health-related data, are available at the New Jersey Department of Health and Senior Service's WEB page at www.state.nj.us/health/hcsa. Additional statistics not included in the report or on the WEB page may be obtained through request to the Center, although there may be a charge to cover the cost of providing the data. Questions or requests should be addressed to the following:

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HIGHLIGHTS

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Nativity

- The number of births to New Jersey residents declined for the fifth consecutive year.
- Total fertility decreased in 1995 from the 1994 rate, and remained under the replacement level. The total black fertility rate exceeded the population replacement rate, while the white rate was below the replacement rate.
- In 1995, more than one in four deliveries to women who had had a previous cesarean section delivery were vaginal deliveries.
- Almost 60 percent of births were to females 25 through 34 years of age. However, one in six births was to a female aged 35 and over and about one in twelve was to a teenage mother. In Cumberland County, the county with the highest percentage of births to teenagers, one in five newborns was born to a female under the age of 20.
- There were 18,526 births to Hispanic women, of any race, living in New Jersey. Almost half of these births occurred in three of the state's counties. More than forty percent of Hispanic mothers reported Central or South America as their country of origin.
- More than one-fourth of the live births (27.2%) were to women who reported they were not married. Most teenage mothers (87.6%) were not married.
- About three-fourths of women (74.6%) who delivered in 1994 began prenatal care in the first trimester of pregnancy. Teenage mothers had the lowest percentage of first trimester onset of prenatal care of any age group.
- The most frequently reported medical risk factors among women who delivered in 1994 were diabetes, pregnancy-associated hypertension, and anemia, in that order.
- More than 7 percent of live births were considered to be of low birth weight, weighing less than 2,500 grams (approximately 5 lbs. 8 ozs.) and 1.5 percent were in the very low birth weight category (less than 1,500 grams or 3 lbs. 5 ozs).
- The percentage of births to black mothers in the low birth weight category was 2.1 times the percentage of low birth weight births to white mothers.
- Low birth weight was also found to be associated with mother's age, marital status, number of previous pregnancy terminations and onset of prenatal care.
- In 1995, 30 percent of women who received no prenatal care delivered low birth weight babies.

Mortality

- The number of deaths and the crude death rate increased in 1995 from 1994 levels.
- New Jersey's crude death rate is higher than that of the country as a whole; however, when the effect of age is eliminated through age-adjustment, New Jersey's death rate is slightly lower than that of the U.S.
- Death rates declined or were stable in every age group over the past year except persons 25 through 44 and those 65 and over. The numbers of deaths as well as the death rates increased in these latter groups.
- Diseases of the heart, malignant neoplasms (cancer), and cerebrovascular diseases (stroke) accounted for almost two of every three deaths of state residents in 1995.

- On an average day in 1995, 66 New Jerseyans died from diseases of the heart; 51 from cancer; 12 from stroke; seven each from COPD, pneumonia/influenza, HIV infection, and diabetes, six from unintentional injury; three each from septicemia and nephritis/nephrosis, and 35 from all other causes.
- Mortality risks other than those that are age-related are highest for black males and lowest for white females. Age-adjusted death rates are two to three times as high for black males as for white females, regardless of the standard population used.
- There were more deaths in 1995 than in 1994 from each of the ten leading causes of death. The greatest relative increases were in pneumonia/influenza, diabetes mellitus and septicemia.
- There were 71 more motor vehicle fatalities in 1995 than in 1994.
- When the effect of age is taken into account through age adjustment, the cancer death rate in 1995 was slightly lower than it was ten years ago.
- Among cancer sites showing declines in death rates over the decade are lip, oral cavity, and pharynx; lung including bronchus; female breast; bone, skin, connective tissue; colon, rectum and other digestive organs.
- More than one-fourth of the deaths of children aged one through 14 were caused by unintentional injuries in 1995.
- Injuries of all types (unintentional, homicide, suicide and undetermined intentionality) were the cause of two-thirds of the deaths of persons 15 through 24 in 1995.
- HIV infection fell to sixth rank as a cause of death, from fifth in 1994, but remained the leading cause of death in persons 25 through 44 years of age. HIV infection is responsible for about one-third of all deaths in this age group.
- There were 466 deaths of persons 25 through 44 from accidental poisoning by drugs, medicinal substances and biologicals (this group includes accidental drug overdoses).
- Cancer and heart disease, in that order, account for more than 60 percent of the deaths of persons 45 through 64; the death rates from both of these causes have been declining for more than a decade.
- About three-fourths of deaths occur in persons 65 and over.
- The leading cause of death in persons 65 and over is diseases of the heart, followed by cancer; these two causes accounted for more than 60 percent of the deaths in the age group in 1995. Over the past ten years, the heart disease death rate has declined, while the cancer death rate is increasing.
- The lung and bronchus was the leading site for cancer deaths among both males and females aged 65 through 84 in 1995; the male death rate was nearly twice the female rate.
- Among males 85 and over, cancer of the prostate was the leading cause of cancer death in 1995; among females in this age group, the death rate was highest from cancer of the colon and rectum.
- When adjusted for the effects of age, the death rate for cancer becomes the highest among the total population, heart disease is the second leading cause of death and HIV infection is third.
- Age-adjusted death rates for the black population were higher than white rates for each of the ten leading causes of death in 1995 and death rates adjusted for age were also higher among males than among females for each of the leading causes.
- The infant mortality rate declined 13.0 percent in 1995 from the 1994 figure, to a rate of 6.7 infant deaths per 1,000 live births. This is the lowest rate ever recorded in the state.
- The black infant mortality rate fell 18.1 percent from the 1994 level, but the black infant mortality rate remains 2.4 times the rate among white infants.

Marriage and Divorce

- There were fewer marriages in the state in 1995 than in any year since 1977.
- The median ages at first marriage of brides and grooms continued to increase.

Morbidity

- New Jersey continued to rank fifth in the nation in terms of cumulative reported AIDS cases and had the fourth highest AIDS incidence rate per 100,000 in 1995, after Washington, D.C., New York State and Florida.
- New Jersey's AIDS cases differ in demographic characteristics and method of transmission from those in the rest of the country:
 - Over half of New Jersey's cases are heterosexual injecting drug users, while the majority of the nation's cases are homosexual or bisexual males who are not injecting drug users.
 - The proportion of the state's AIDS cases which are attributed to heterosexual transmission is higher than in the country as a whole.
 - The proportion of New Jersey's AIDS cases who are female is higher than the proportion in the U.S.
 - More than half of New Jersey's reported AIDS cases are found among non-Hispanic black residents, while about one-third of the nation's cases are non-Hispanic blacks.
- Essex and Hudson Counties together accounted for more than 40 percent of all the AIDS cases diagnosed in New Jersey in 1995.
- The incidence of verified tuberculosis has declined during each of the past three years.
- About 60 percent of verified cases of tuberculosis were diagnosed in persons 25 through 54 in 1995; in addition, slightly more than 60 percent were diagnosed in males and almost half were black.
- Among white males and females, the most frequent age at diagnosis of verified tuberculosis was 65 and over.
- Syphilis and gonorrhea incidence rates continue to decline dramatically. The number of gonorrhea cases in 1986 was about three and one-half times the number of cases reported in 1995.
- The incidence of Lyme disease, salmonella and shigellosis increased dramatically over 1994 levels.

Health Status

- With continuation of current trends, it appears likely that the state will meet Healthy New Jersey 2000 objectives related to infant mortality, percentage of mothers receiving no prenatal care (total population), births to females 10 through 14, births to females 15 through 19 (minority), breast cancer deaths (total female population and females aged 50 through 64), lung and bronchus cancer deaths, coronary heart disease deaths, stroke deaths (total minority population and minorities aged 45 through 64), primary and secondary syphilis incidence (total population), gonorrhea incidence, verified tuberculosis incidence (total), motor vehicle fatalities (total population and population aged 15 through 24), homicides (females aged 15 through 44 years), suicides (total 15 through 24 year population), and cirrhosis deaths.
- In the absence of any improvements in current trends, it is unlikely that Healthy New Jersey 2000 objectives will be met in the areas of low birth weight, very low birth weight, first trimester prenatal care, births to females 15 through 19 (total population), homicides (minority males 15 through 19), breast cancer deaths (female population 65 and over), cervical cancer deaths, HIV infection deaths, Lyme disease incidence and drug-related deaths..
- It is not possible to predict whether Healthy New Jersey 2000 objectives will be met for an additional 13 objectives or sub-objectives measured through the use of vital statistics or communicable disease data.